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OBSERVATIONS

ON THE

USE OF INSTRUMENTS

IN CASES OF

DIFFICULT AND PROTRACTED

LABOUR.

BY

JOHN BEATTY, M.D.

LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS
IN IRELAND.

DUBLIN:

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Read 5th October, 1829.

In every case of Midwifery, the chief object to be attained by the practitioner, should be the preservation of the lives of both mother and child entrusted to his care. The great majority of cases require no extraordinary assistance, and the duty of the accoucheur consists principally in watching the progress of the efforts which nature makes, and guarding against any unfavourable accident, or deviation from the ordinary course. Unfortunately, however, some few cases do occur, in which from particular circumstances, instrumental aid is required, and while we may lament the necessity for such interference, it is our duty diligently to inquire into the merits of the means proposed to assist delivery, and to select those that we find

most likely to effect the purpose already mentioned, that of preserving our patient and her offspring.

It is of importance that every man practising midwifery should avoid as much as possible the use of instruments in delivery; for it is certain, that if he suffers his patience to be too readily exhausted, or yields too easily to the suggestions and alarm of the patient, or her friends, he will frequently be induced to promote delivery too soon, very much to the injury of the patient, and consequently to his own character. On the other hand, he has an important duty to perform in judging of the necessity, and the proper time for using instruments, and the kind suited to each particular case, for as much or more mischief may be done by delaying their use when absolutely required, as by having recourse to them too soon. In fact, in this, as in most other situations, the man who has patience to watch, judgment to discriminate, and firmness to act, will be the best qualified to perform the duties required of him.

Having endeavoured, during a long and actively employed life, to regulate my practice by such principles, I have formed the following conclusions respecting the comparative value of the different instruments used, in long protracted or difficult labours. And I am induced to give a faithful account of my own experience, and of such means, as I have occasionally employed, because I have reason to know that my opinions on the subject, differ from those of some of the most eminent, and justly esteemed members of the profession in this city.

I do not propose to enter into a detail of the causes and

nature of long protracted and difficult labours; these are so fully treated of, and explained in all works on midwifery, that it would be useless to repeat them at present; but I may observe, that the cases in which mechanical assistance is required, may be comprised in two divisions, 1st. Those where there is a disproportion between the head of the child, and the passage through which it must come; and 2dly. Those in which, although no mechanical impediment exists, the expulsive powers of the mother are not sufficient to accomplish the delivery.

Under the former will be found those caused by the deformity of the bony parietes of the pelvis, and by disease or rigidity of the soft parts, as well as unnatural size of the head of the fœtus, face presentations and transverse position of the head. And under the latter, those in which delivery is delayed by general weakness of the patient, hæmorrhage, frequent faintings, convulsions, great exhaustion, fever, &c.

To assist delivery under such circumstances, two classes of instruments have been devised; 1st. Those by which extraction may be effected without injury to either mother or child; 2dly. Those by which the life of the latter must necessarily be sacrificed. I need scarcely remind the members of an enlightened and humane profession, that the adoption of the latter alternative, is a step calling for the most serious consideration, and one that involves an awful, and heavy responsibility. The value of human life is not to be estimated by the age, nor is there in the eye of the law, either human or divine, any distinction between that of the octogenarian and the child unborn.

It matters little, therefore, what the nature of the situation is, in which a fellow-being committed to our care is placed, whether it be a fever striking him in the prime of life, or a disease requiring the performance of a capital operation, or the perils attending his first entrance into the world, it is our bounden duty to employ such means as will best insure his safety.

Let it not be imagined that by these observations I would inculcate, that the well-being of the mother is to be overlooked in endeavouring to save the child; far from it, the very nature of the sentiments points out the contrary; but what I desire to maintain is, that the life of the child in utero, is as sacred as if it had breathed, and walked, and that its destruction can only be conscientiously resorted to, when every other means by which it and its parent, might be saved, have been fairly tried and found inefficient.

The perforator and crotchet were the instruments employed formerly, and so late as 1746, "Lamotte states, "that when he began practice he found several old sur- "geons, who, when they were called to attend women in "labour took their instruments with them, and brought "away the child by their means. A woman being in "labour, a day and a half, or two days, was more than suf- "ficient to set them at work, and this was the only resource "they had in all cases indiscriminately. So universal had "this practice become, that as Dr. Chamberlain ob- "serves, it gave rise to the report that whenever a man "came, the mother or child, or both must die."

Daventer had no knowledge of any other instrument,

and states in his quaint language, "that whenever the "head of the infant falls down into the narrow cavity of "the pelvis, and is there, so that the least descent is not "upon the force of the pains, and all remedies have been "tried in vain, the infant is to be handled and drawn out "as a dead one."

Fortunately for the character of the profession, as well as for the cause of humanity, a revolution was effected by Chamberlain, who by the introduction of a harmless instrument, gave rise to the investigation of the true nature of difficult labours, and by the success attending its use, in his hands, and those of his three sons, fully proved the value of the principles on which it was constructed, and the certainty with which its intention might be accomplished.

The effect of Chamberlain's invention of the forceps was, to bring about a classification of difficult labours, and to lead practitioners to discriminate between cases in which the life of the child must be sacrificed, and those in which it could be saved. Since his day, every systematic writer on midwifery has borne ample testimony to the value of the instrument, and from a collation of the evidence, it may be fairly inferred, that the employment of the perforator and crotchet should be the practitioner's last resource. Thus Smellie* says,—"*if you can neither turn* "*nor deliver with the forceps*, the head must be opened, "and delivered with the crotchet:" also he adds—"in- "deed this method formerly was the practice, and is still "in use, with those who do not know how to deliver by "the forceps."

* Vol. I. p. 153.

Chapman,* after reflecting on the too frequent use of the perforator and crotchet, states, "that most births "may be accomplished without instruments by the as- "sistance of the hand only, or, where instruments are "really required, by the help of the forceps, which "are not only perfectly safe and convenient, but ex- "tremely useful, and in some cases absolutely necessary." And again he says, "all I shall say of this noble instru- "ment (the forceps) must necessarily fall short of what "it justly demands; those only who have used it, and "experienced the excellency of it, to their own advan- "tage, and the security of their offspring, can be truly "sensible of its real worth. As I think myself bound to "recommend it strongly to the gentlemen of the profes- "sion, I shall omit no opportunity of endeavouring to do "it justice."

Sir Fielding Ould† says, "if there be not a certainty "of the child's death, the best adapted instrument is the "forceps, which is in general use all over Europe;" and again he asserts, that "with attention and care the infant "will never be destroyed by this instrument."

Mr. William Dease,‡ of this city, whose practice was extensive, and whose discrimination and judgment were universally admitted, says, "that the forceps, prudently "applied, is an instrument, which in good hands, may "safely effect delivery in difficult labours, is what every "practitioner must have been repeatedly convinced of."

Doctor Merriman§ says, "the assistance to be afforded "in difficult labours will frequently be that of the forceps,

* Vol. I. p. 72. † p. 153. ‡ p. 40. § p. 13.

"for unless in cases of distorted pelvis, the head of the "fœtus will frequently have sunk low enough, to allow "the ear to be felt."

Dewees,* after some judicious observations upon the fallacy of arguing against the use of any thing from its abuse, says, "let those who are to practice midwifery "become well acquainted with the elementary parts of "their profession, and then gradually proceed to the more "difficult operations connected with it, and the clamours "against the use of the forceps will in a great measure "cease. It is certainly within our recollection, when "cases similar to those which are now almost universally "relieved by the forceps, were as certainly treated by the "crotchet, the child a certain victim, and the mother a "probable one."

Denman† says, "when there are signs of imminent "danger, however averse we may be to the use of instru- "ments, we may be induced to try the forceps, though the "case might not be altogether such as we might chose for "their application, merely to take a chance of saving the "life of a child, which must otherwise be inevitably lost."

Millot‡ was so convinced of the value of the forceps, and its fitness for the purpose for which it was constructed, "that he calls upon the French government, in "the name of the thousands of individuals who owe their "lives to it, to place a bust of the author, in the school of "medicine, with an inscription commensurate to the ser- "vices he has rendered to humanity."

* Vol. I. p. 296. † p. 150. ‡ Vol. II. p. 135.

Maygrier * states his conviction, "that in a few years "the forceps will be the only instrument employed by the "accoucheur."

Madame Lachapelle, † in her Pratique des Accouchmens, after some excellent remarks upon the use of the perforator, concludes by saying, "that it is only in cases "of absolute necessity that it should be made use of, and "that in order to create such extremity, the forceps and "turning must have been found impracticable."

Many other authorities might be quoted, but this body of testimony must be sufficient to convince any candid inquirer, that the voice of the profession is decidedly opposed to the precipitate employment of the deadly instruments. It is therefore the duty of every practitioner, to investigate the nature of the cases in which the forceps may be applied, the time at which they may be best used, and the manner of employing them. I may here observe with Denman, "we are to remember that the forceps are "not to be applied, because we have the power of using "them, but because the necessity of the case is such as "to require their use."

Much has been written, with respect to the period at which such a necessity may be said to have arisen, but it is with this, as with most other actions of the animal economy, no precise time can be assigned; the urgency of a case cannot be estimated by the number of hours that labour may have lasted, but by the state of the mother in each particular case.

Doctor Denman defines difficult labours to be, "those

* Vol. I. p. 385.

† Vol. I. p. 84.

" in which, although the head of the child presents, the " delivery is not terminated in twenty-four hours from " the commencement of real labour." Every practitioner must be aware that such cases are by no means unfrequent, and that the efforts of nature in very many of them, and even in others of much longer duration, are sufficient eventually to expel the child. But when labour is thus protracted, circumstances may, and do often render it desirable, to expedite delivery. These, as I have said, relate not to time, but to the condition of the mother; some women being able to bear a much greater length of suffering than others. In the more simple cases, those that are unconnected with convulsions, hermorrhage, &c. the state of exhaustion of the mother, and cessation of labour pains, are the best indications for the interference of art.

Doctor Osborne says, " that in the state indicating the " use of forceps, all the powers of life are exhausted, all " capacity for further exertions is at an end, and the mind " as much depressed as the body, they would both sink " together under the influence of such continued and " unavailing struggles."

Now, to wait for such a period as this, is but to delay the operation, until the chances of success are almost lost; in fact there will be little prospect of any thing, but the removal of a dead child, from a dying mother; and it is such a practice, that has at times, brought this valuable instrument into disrepute and disuse: the want of success has been charged upon the operation, where it ought to be laid at the door of the operator. It is with us in this, as

it is with the surgeon in strangulated hernia, the operation should be performed as soon as the necessity for it is found to exist, every moment's delay diminishing the prospect of a successful termination; and it is to this principle that so many happy results from the use of the scalpel in that disease, in modern times, are to be attributed. Let not the accoucheur, therefore, wait until the powers of life are exhausted; his duty is to prevent such an occurrence, and this is to be done by the timely application of the forceps. Delivery with this instrument may be attempted in whatever position the head may be, if it is sufficiently low in the pelvis, while at the same time the os uteri is dilated, or the soft parts are relaxed. As soon as matters are in this state, the practitioner should proceed to delivery without waiting until the mother's strength is so exhausted as to raise alarms for her safety, and oblige him to fly to any means of extraction, without regard to the life of the child. Delay under such circumstances, and running the patient to the last extremity, in giving her and nature (as it is called) every chance, is, in my opinion, a main cause of the too frequent use of the perforator. Neque timerè, neque timidè, is the best motto by which the accoucheur can be guided in such circumstances.

By this timely interference the evils attending upon difficult labours, such as contusions, inflammations, and sloughing of the soft parts will be obviated, as it is generally found that these effects are proportionate to the length of time the parts have been subject to pressure.

With respect to the ill effects said to follow the use of

the forceps, I am bold to say, that though I have read and heard of such, I never witnessed any, when the instrument was used in time, or with proper discrimination and dexterity, and where the patient was not already too much exhausted; and from the success that has attended the use of forceps in my hands, I might almost assert that no unpleasant consequences can occur, provided the proper time be selected.

In looking over my case book, I find that during forty-two years, in which I have been actively employed in the practice of midwifery, the first five years of which were spent in the Dublin Lying-in Hospital, as pupil and assistant to Dr. Clarke, it has fallen to my lot, in my private practice, to have delivered one hundred and eleven women with forceps or lever; and having kept a faithful registry of my practice, I am enabled to speak with certainty, of each case, however remote as to time. I have to lament the death of my early, and highly esteemed professional companions and friends, Doctors Pentland and Tuke, and Mr. Creighton, who co-operated with me in several of them, and could bear testimony to the facts. I can however still appeal to several highly respectable practitioners in this city, who have done me the favour to consult me in different cases. In this extensive number, which, it will be admitted, is sufficient to put the merits of the practice to the test, it might be expected that some proportion of fatality, or accident should be found, but the valuable part of the statement, and what I wish to impress upon the minds of the profession is, that in no instance of the hundred and eleven cases mentioned above, did

any unpleasant result follow; none of the mothers died—none of them had their perinæum lacerated, nor any of those evils, which are set forth as the effects of the forceps; and still more, all the children that we had any reason to think were alive at the commencement, were born living, and none of the whole number had any injury or mark whatever inflicted by the instrument. From this extensive experience of the value of the forceps, I think I am justified in saying, that the opinions of the authors already quoted, are fully supported by the facts.

With respect to the operation, no great dexterity is required for its performance; a little management in the introduction of the blades, and patience in the extraction, is all that is required to bring it to a happy termination. The instrument I have always used, is that which is called male and female, from the transverse opening in the root of one blade, through which the other is passed—other practitioners prefer the curved forceps—it is quite immaterial which is chosen, provided they are used in proper time, and with good judgment.

Having ascertained by the rules already laid down, that immediate delivery is desirable, my custom is to empty the bladder and rectum, by the catheter or an enema if required. The patient being placed on her side, as near to the edge of the bed as possible, I proceed by introducing the female blade of the forceps, slowly and carefully over the upper side of the head of the child, until it reaches beyond the ear; this being accomplished, the chief difficulty is overcome, for the male blade being passed through the slit in the female blade, readily applies itself

in the proper position, by gently urging it forward under the inferior side of the head. It is of importance to attend to this order of proceeding, for if the female blade were introduced to the under side, it would be difficult, from the relative position of the patient, and the bed, to pass the male blade through it. The application of the instrument usually brings on slight action of the uterus, although it may have ceased for several hours. This I always wait for, and taking advantage of the natural effort, the perineum being supported by the nurse-tender, or my own left hand, I have seldom found any difficulty in extracting the child alive and uninjured, provided it were so previous to the commencement of the operation. The operation as performed in this manner gives so little pain, and delivery is in general so easily accomplished by it, that I have been several times requested by patients, with whom I had previously employed forceps, to use them in subsequent labours.

I have been called upon in several protracted cases of labour, some of them of first children, and in women advanced in life, to give sanction to delivery with the perforator and crotchet, and have found the instruments ready prepared for the operation, when I have recommended a trial with the forceps, and fully succeeded in bringing into the world living children, with very little, if any trouble to myself, no risk to the mother, and no injury to the child; this is well known by several most respectable practitioners in Dublin, who have been witnesses to the result.

When I contrast the feelings created at such a moment,

in the operator, the patient, and her friends, with those experienced, when the body of a child (of whose previous life the mother had no doubt,) is dragged mutilated into light, I confess that I cannot understand why the latter should ever be adopted, without the fullest certainty of the impracticability of the former. What adds to the horror of the perforator is, that it is no uncommon circumstance to have a child born alive and cry, whose head had been opened, and the brains partially destroyed. Doctor Burns* says, "by the rash and unwarrantable use of the crotchet, "living children have been drawn through the pelvis with "the scull opened, and have survived, in this shocking "state, for a day or two." Davanter, Chamberlain, and others, give instances of women delivered by the crotchet of dead children, as "they supposed, when to their great "surprise, the miserable infants filled their ears with "cries." Mr. Dease† states, "that he has seen instances "where the child has been miserably dragged alive into "the world, with a great part of the brain evacuated."

Similar instances have (I understand) occurred in this city, in one of which humanity prompted the accoucheur to plunge the child into a vessel of water, to put an end to its existence and cries.

I can never forget a scene of horror to which I was a witness in the year 1800. I was called upon to see a very young lady, in labour of her first child, who was under the care of one of the oldest and most eminent practitioners in this city, (since dead;) her labour was most violent, which she bore with great impatience and noise.

*p. 60. †p. 40.

The head had been down on the perinæum (he said) several hours; I proposed to give more time, and an opiate, not doubting the powers of nature, or to try the forceps, which he declined, on account of its being her first child, and the apprehension he entertained of her being exhausted; and finally, he opened the head. The operation, as it always does, excited extraordinary uterine action, and before it was well concluded, or the brain evacuated, so as to lessen the bulk of the head, the child was propelled into the world alive and crying.

The old gentleman whose patient she was, was a person of very fine feelings, and the reader may imagine his sufferings on viewing the effect of a rash and ill-judged operation; he declared no earthly consideration should ever induce him again to witness the application of the perforator.

The following cases occurred to me lately, and as they fully exemplify my principle, I will give a brief account of them.

Mrs. M., 30 years of age, and remarkably corpulent, took labour of her first child early on Friday, the 28th of November, 1828, and at six p. m. the membranes ruptured; from this I will date the commencement of real labour. The pains continued to increase in severity and frequency, until 2 o'clock, p.m. on Monday following, a period of sixty-eight hours from the evacuation of the waters. During the whole of this interval she had not slept, and had taken no sustenance, except a small quantity of whey, consequently her strength was a good deal exhausted. The bowels had been freed, and during the

last twenty-four hours, the bladder was twice evacuated by the catheter. The head of the child was now sufficiently low in the pelvis, the os uteri was dilated, and the external parts were relaxed. In this state of things I proposed to deliver her by the forceps, which at first produced alarm in her mother and friends, and even in the nurse-tender, and I was earnestly asked, if I could not do something to save both, and not kill the child, for they understood, that when instruments were used in delivery, the child was always destroyed. I assured them that my object was to save both, and showed the instrument I meant to employ, explaining, at the same time, the nature of the operation. With this they were perfectly satisfied. I then applied the forceps, as I have already described, and waited patiently for a pain; on its occurrence I gave assistance, and during its continuance a living boy was born, without scratch or bruise, or injury to the perinæum.

This was a case in which there was no likelihood of labour being over for several hours, if left entirely to nature, and in which there was considerable danger that both mother and child would suffer materially before its completion; all this was prevented by a few moments well-timed exertion, which produced undescribable satisfaction in all persons concerned. I called to the recollection of my patient, that the wife of a right honorable friend of her's had been delivered by me some years before of her first child, under similar circumstances, and with the same result, at an age very little under forty years.

CASE II.

December 21st, 1828.—I was called to a patient who had been upwards of twenty-four hours in very severe labour of her first child; I found the head pretty low in the pelvis, though not on the perinæum. A very respectable midwife, who had been in attendance from the commencement, stated, that it had been in the same situation or position for twenty hours, and within that period a tumour had formed upon it, which was now so great, that the midwife, who had frequently witnessed the operation with the perforator, but had never seen the forceps used, except once by myself, several years before, said, "Sir, "I fear this case will not admit of the use of the forceps, "as the head is so much swelled." I replied that although I could not positively promise success, yet I would give the child the only chance it had for life, and that if I failed in the attempt, it would then be necessary to resort to other means, as the patient was greatly exhausted, and the soft parts had been long subject to very strong pressure. With some difficulty I accomplished the introduction of the forceps, and desiring the attendant to protect the perinæum, I waited for a pain; three of those efforts of nature were made, (during which I gave the necessary assistance,) without extraction, but during the fourth, and within fifteen minutes from the commencement of the operation, a large living boy was safely born. I requested the midwife to examine the perinæum carefully, for her

own satisfaction and that of her friends, which she declared to be perfectly unhurt. This is a case in which the head would certainly have been opened by those who are prejudiced against the forceps; as the apparent disproportion between it and the pelvis, would have led them to suppose there was sufficient reason to authorise the use of the perforator.

The occurrence of convulsions, in difficult labour, has been considered as affording a sufficient ground for the immediate delivery, by opening the head; yet even in this case many lives may be saved by a judicious use of the forceps. I would by no means advise that much time should be spent in endeavouring to save a child, while the mother is in imminent danger; but I would strongly insist upon the necessity of trying means to prevent it, particularly as the operation by the forceps does not occupy so much time, as that by the perforator; and should the attempt fail, it is easy to have recourse to the latter. That such a principle admits of practical application, the following case fully testifies.

In the year 1814, a gentleman, residing eighteen miles from Dublin, called on me, to request I would accompany him with all expedition to see his wife, who had been suddenly seized with labour of her first child, attended with convulsions before he left home. We reached his house in about five hours from the time he left it. I found the lady lying on the parlour-floor, labouring under severe convulsions, and quite insensible, in which state she had remained during her husband's absence. On examination, the head was found to be low in the pelvis,

and the os uteri dilated. Without removing her I introduced the forceps, and a few minutes succeeded in extracting a female child alive. The mother was now removed to bed; the convulsions ceased in a short time; her senses were restored, and the recovery was as speedy as if no untoward circumstance had occurred. I may observe that the gentleman had no more children, and the child then born is now alive, and heiress to his large estates; a consolation of which he must have been deprived, had I rashly employed a destructive instrument. If I had experienced much difficulty in this case, I would have thought myself justifiable, nay, called upon, to sacrifice the child, but certainly not until I knew it was unavoidable; and I state it to show that in the worst of cases, the milder means may be resorted to with considerable prospect of success.

With respect to the use of the perforator, Dr. Denman justly observes,—"The reason for, and justification of "opening the head, must be decided from the state of the "mother, and that state must be such as to prove her "inability to expel the child, and the impossibility of "extracting it by those means, which have been contrived "for the purpose of delivering women, giving at the same "time a chance for preserving the lives of children."

In fact, the legitimate cause for using this instrument is distortion of the pelvis. Dr. Osborne considers "that "a fœtus at full maturity cannot pass alive, if the dimen-"sions of the pelvis from pubis to sacrum be only $2\frac{3}{4}$ "inches." Dr. Clarke of Dublin says, "that $3\frac{1}{2}$ inches "is the least diameter through which he has known a full "grown fœtus to pass entire." These measurements are

taken with reference to the head of the child, which being of a variable size, in different cases, the proportion it bears to the passage must be also variable; hence arises the danger from confining ourselves to actual, instead of relative measurement; for a pelvis that would admit the passage of one head, might be unable to transmit another.

I do not mean to depreciate the value of actual measurement in enabling us to form an opinion, but I would warn the practitioner against judging from it alone, and hastily concluding that safe delivery is impossible; and also against concluding that every female with a distorted spine has a deformed pelvis. In all such cases we should ascertain, if possible, whether the distortion of the spine commenced in infancy, or about the time, or subsequent to puberty; if it commenced in infancy, it will be reasonable to suspect that the pelvis participates in the deformity, and is contracted in its dimensions; but if it did not come on, until the growth of the body was perfect, or nearly so, we may hope to find no deformity in the pelvis. Such distortion of the spine frequently takes place in delicate females after marriage, and even after having had some children; and then I never knew it to interfere with the pelvic bones. In cases of contracted pelvis, it behoves the practitioner, as Dr. Merriman observes, to be exceedingly cautious, not to suppose upon light or insufficient grounds, that the distortion is too great to allow the child to pass, and particularly when there is a question about employing the perforator. The fact is, there have been instances, where by the effort of nature alone, living children have passed through a pelvis, scarcely measuring three inches.

vide Burns, p. 259, and Dr. Hamilton. Therefore, our attention should be directed more to the effect produced upon the head by the action of the uterus, than to the actual dimensions of the pelvis. If we find, after several hours of hard labour, that no descent of the head into the pelvis has taken place, and that the patient's strength is beginning to fail, we may expect that it will be necessary to diminish the bulk, before expulsion is accomplished; but as long as the pains have any effect, however small, in forcing down the head, we are warranted to look for the birth of a living child. In a case of this description, the forceps or lever will often be of the greatest assistance.

It is truly surprising to witness the degree of compression that the head of a child will bear without detriment.

Smellie * relates the case of a young woman, only fifteen years old, whom he delivered of a living child by the forceps, and the child's head being large, had been squeezed to a great degree, so as to alter its form, but in a few days it completely regained its natural figure.

Dr. Denman † also gives an account of a child, born alive, with a depression of fully an inch in depth, on the left parietal bone, occasioned by the projection of the os sacrum; but the depressed part gradually rose, and in a few months regained its original level. I have myself often witnessed the birth of children whose heads had suffered very great compression, yet no unfavourable symptoms followed. We are not to be deterred, therefore, from attempting delivery by the forceps, because the dis-

* Vol. II. p. 300. † p. 122.

proportion may appear too great, but we must be convinced that it is really so, by ascertaining the impossibility of extracting the child entire. If we have patiently and fairly tried the forceps or lever, and failed in the attempt, we will then have recourse to the perforator with greater assurance of its necessity, and perfect freedom of conscience. In this case, I would express myself in the emphatic language of Dr. Burns,—"I beg that as the "practitioner values the life of a human being, and his "own peace of mind, he will not desist, and have recourse "to the crotchet in cases at all doubtful, until it has been "well ascertained that neither the lever nor forceps could "be used." By the adoption of this principle, many labours will be brought to a happy termination, that appear to threaten the death of the child.

In my own practice it has been followed with the greatest success, and I am happy to state, that since the year 1804, I have used the perforator and crotchet but three times, while the majority of the hundred and eleven forceps cases occurred in the same period.

In conclusion I will observe, that nothing short of the most imperative necessity can warrant the use of the destructive instruments, and no case can be considered as demanding them, until every means by which both mother and child might be saved have been put into requisition, and fairly tried. Let us ask with Dewees, what is to be feared from a proper application of the forceps? Is their mode of action such as to do injury to either mother or child, when well directed? Certainly not. Then there is nothing to be apprehended from their structure, appli-

cation, and mode of action, since they neither cut nor contuse mother or child when well directed. They neither create unnecessary pain, nor inordinately augment that which may be present; but are truly calculated, in the language of Dr. Denman, to supply the insufficiency or want of labour pains. If this be so, and it is admitted by Dr. Denman himself, why should they be condemned, because in common with every thing we possess, they may be abused. I repeat it, the object of the practitioner should be to preserve both mother and offspring; if, unfortunately, he should ultimately fail in this endeavour, he must then decide between the two, and sacrifice the child. To be driven to such an extremity, is one of the most painful situations in the practice of midwifery; it forces a man to perform an operation, differing in principle from every one in use among medical men. All others are done with a view to the ultimate benefit of the sufferer; but this alone tends to his immediate destruction. Such a consideration, together with the heavy responsibility a man incurs, by becoming the voluntary destroyer of a human being, should make us pause ere we lightly reject means, by which results so lamentable and awful might be avoided.

JOHN BEATTY.

Molesworth-street,
1st Oct. 1829.